

nant female is dangerous to the fœtus, and should be prevented by an appropriate regimen.—*Lancet*, April, 1845.

71. *Division of the Symphysis Pubis in certain cases of Obstructed Labour.*—In the *Northern Journal of Medicine*, for Jan. last, there is an interesting paper on this subject, by Dr. DAVID SMITH, of Glasgow. The following are the author's conclusions:

I. Craniotomy is, in all cases of obstructed labour, justifiable when the entire fœtus cannot be extracted through the pelvis, from deformity at the brim, from osseous and certain other tumours, and from great contraction of the outlet by the near approach of the tuberosities of the ischia to each other,—the obstruction being more than can be overcome by the forceps, *or other means*, yet not so much but that a mutilated fœtus may pass.

II. The Cæsarian section must be resorted to whenever the deformity is so great that a mutilated fœtus cannot be extracted through the natural openings; and for which operation symphysiotomy can never be substituted.

III. Symphysiotomy is only applicable to cases in which the delivery cannot be accomplished by the forceps, and would require that craniotomy should be performed,—the obstruction being dependent on the *funnel-shaped* form of the pelvis, and satisfactorily ascertained to be such that a slight increase to the contracted diameter would permit an entire child to pass; but in no instance would it be justifiable to resort to this operation if any uncertainty existed either as to the degree of deformity of the pelvis, or the vitality of the child.

72. *Spontaneous Inversion of the Uterus.*—Dr. S. EDWARDS, of Bath, relates the following example of this in the *Lancet*, April 5th, 1845.

"J. C., æt. 24, of a weak leuco-phlegmatic temperament, and for some time previously in bad health, was taken in labour with her first child, Nov. 14, 1841. When seen by Dr. E. eight hours after the commencement of labour, he found on examination per vaginam, the os uteri 'about an inch and a half in diameter, thin, and extremely tense. The membranes were ruptured; passages well relaxed and lubricated; and the fœtus presented naturally in the third position, (*Nægele*.) The pains were of a feeble character, occurring every quarter of an hour, and had but slight effect upon the os uteri. A second examination was made two hours afterwards, when the 'os' had become relaxed and dilated, with the exception of the anterior segment, which still remained firm and prominent. The pains were stronger and more frequent, and the patient, against my repeated requests, made use of the most powerful voluntary efforts in conjunction with them. The labour went on satisfactorily to the birth of the child. It having been separated, I placed my hand upon the abdomen of the patient, and the uterus was found firmly contracted. The insertion of the cord into the placenta could not be felt; and from the distended state of the vessels of it, I felt convinced the placenta was still attached. I consequently sat down by the bed-side, awaiting the return of uterine action, and about seventeen minutes after the birth of the child, a violent expulsive effort was made. Deeming the after-birth was being thrown off, I proceeded to examine, but was surprised to find, on approaching the genitals, a large tumour, of a pyriform shape, the base downwards, of the size of a child's head of six months old, lying between the thighs of the mother, of a soft, compressible, and yielding nature, and covered with a slimy, grumous matter. The sensation it communicated to the finger was vastly different to that of a placenta; and on rapidly tracing my fingers around it, and arriving at the left side, and somewhat posteriorly, came to the placenta, still partially attached, whilst that part of the womb from which the placenta was detached *was pouring out blood in great violence*. The case could not be mistaken. To return the uterus immediately appeared of vital importance; and the first thought that presented was,—shall I reduce the organ with the placenta adhering? Now the partial manner in which it was adhering, and the conviction, from its large size, that its removal would greatly facilitate the reduction of the uterus, I at once determined upon the prior detachment. This being readily accomplished, I grasped the uterus, with the intention of reducing it by causing the reversion to commence at the 'os,' and terminate at the 'fundus;' but this, owing to its soft and flabby state, I could not perform, and consequently employed my bearing on the latter (paying attention to the axes of the pelvis), carry-

ing it up before my hand. On arriving at the brim of the pelvis, the fundus shot up, as it were, from my hold to its proper situation, the neck, mouth, and superior part of the vagina following. I carried my hand, however, forward, to make sure of its complete reduction, when its irritation produced a smart contraction, and expelled the hand from its cavity. The uterus remained contracted perfectly a few minutes, when I applied a firm bandage and compress.

"The shock to the nervous system had been great, Mrs. C—— during the whole time having been in a complete state of syncope; pulse imperceptible; clammy perspiration and vomiting every few minutes; but on the reduction, and from the administration of stimuli, she somewhat rallied. In about fifteen minutes, symptoms of internal hemorrhage came on, the prostration of the vital powers as great as before. I removed the bandage, and the cold effusion being employed, the hand introduced into the cavity of the uterus, and the coagula removed, it again contracted. Ergot of rye with ammonia was then administered, and repeated twice or thrice with decided advantage. For about an hour the uterus continued alternately contracting and dilating, but was controlled by the firm and constant pressure of the hand through the parietes of the abdomen, which in such cases, experience has taught me, is more to be trusted than the bandage and compress. For upwards of five hours the poor creature continued in a state of fearful lipothymia, notwithstanding the copious use of stimuli of various kinds, after which time she rapidly rallied, and was only disturbed by a hacking cough of that peculiar kind not infrequently seen after severe hemorrhage.

"In the after progress of this case nothing occurred of note, with the exception of slight pain and tenderness over the uterine region, which, however, disappeared on the third day from confinement, and those numerous little symptoms usual in severe cases of flooding, and which it is deemed unnecessary to detail here."

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73. *Presentation of the Shoulder in six consecutive labours in the same woman.*—Dr. WALTER, Prof. of Midwifery at Dorpat, has recorded in the *Neue Zeitschrift für Geburtskunde*, 1844, a case in which the shoulder presented in six successive labours in the same woman. An attentive examination of her pelvis revealed no other anomaly than an unusual width at the hips.

M. Gery, it will be remembered (see No. of this Journal for October 1843, p. 494) has recorded a case of arm presentation in nine consecutive labours.

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74. *Absence of the Chorion.*—Dr. HEDRICH states in the *Neue Zeitschrift für Geburtskunde* that in a case of Cæsarian section performed after the death of the mother, no trace of chorion could be discovered though the most minute researches were made for it.

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75. *Reproduction of the Liquor Amnii.*—Dr. HEDRICH relates in the *Neue Zeitschrift für Geburtskunde* the case of a woman in whom the liquor amnii was discharged six weeks before term. Her abdomen was so soft and its parietes so flaccid that the parts of the fœtus could be distinguished through them. The water was reproduced before delivery, which took place at full time.

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76. *Utero-gestation protracted to the three hundred and ninth day.*—Dr. HEDRICH mentions in the *Neue Zeitschrift für Geburtskunde*, the case of a woman, a primipara, who was delivered the three hundred and ninth day after coitus.

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77. *Remarkable case of Delivery during sleep.*—M. SCHULTZE was called on the 25th of May, 1844, to attend the wife of an artisan, who had reached the full term of her fourth pregnancy. He found her lying in a state of profound somnolency, so that it was quite impossible to rouse her, either by violently shaking her or by applying to her nostrils the most powerful stimulants, such as ammonia and ether.

On the third day of this unnatural sleep, the woman, without awaking, was delivered of a healthy, living, and well-formed male child. On visiting the female the following day, M. Schultze found that she had not long spontaneously awakened from her sleep; and as she had no recollection of her delivery, she was somewhat astonished to find that the child had been born without her having been aware of it.—*Lond. Med. Gaz.*, May, 1845, from *Annales D'Hygiène*, Jan., 1845.